

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Tyes V No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name				
Center Township Victory Fund				
2. Acronym or Abbreviated Name (if any)	3. Comr	3. Committee Telephone Number		
	(317	7 ₎ 435-0696		
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address Check if this is a new address				
5. City, State, ZIP Code Indianapolis, IN 46205		6. Party Affiliation (if applicable) Republican		
CANDIDATE INFORMATION (For Candidate's Committees Only)				
7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate				
7. I dil Name di Candidate (incidde any moniame)	O. r arty	8. Party Alillation of Il independent Candidate		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	10. County of Residence		
		CONVENTION	V CANDIDATES ONLY	
TYPE OF REPORT			N CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:	ention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)				
	nent of Organization		001114415	
12. Reporting Period:		COLUMN A	COLUMN B	
From: 10-15-2016 Through: 12-31-2016		This Period	Year to Date	
Through: 12-31-2010 13. Cash on hand and investments at the beginning of this reporting period.		2,087.07	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.14. Cash on hand and investments January 1, current year.			Year to Date 2,087.07	
Cash on hand and investments at the beginning of this reporting period. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS				
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CERTIFICATION			
I CERTIFY THAT HHAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			
Signature of Treasurer Title Teasurer	Date 01-17-2016		
signature of Sandidate (if applicable)	Date		
MARANING A 1 C of the state of	4 E) A manage substitution linear description		

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (*IC* 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (*IC* 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (*IC* 3-14-1-14) and may be subject to civil penalties. (*IC* 3-9-4-16, *IC* 3-9-4-17, *IC* 3-9-4-18)

FOR OFFICE USE ONLY

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